

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40205

BIRTH NO. _____		REG. DIST. NO. 91		PRIMARY REG. DIST. NO. 6330		Registrar's No. 9	
1. PLACE OF DEATH <b>HUZZAH MO</b> a. COUNTY <b>CRAWFORD</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>CRAWFORD</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HUZZAH MO</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HUZZAH MO</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>THOMAS</b>		b. (Middle) <b>JEFFERSON</b>		c. (Last) <b>PRINCE</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 26 1950</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <b>3-22 1864</b>		9. AGE (In years last birthday) <b>86</b>	
11. BIRTHPLACE (State or foreign country) <b>TRAVENDEN, SPRINGS ARK</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>PETER PRINCE</b>		13b. MOTHER'S MAIDEN NAME <b>MARAH DAVIS</b>		14. NAME OF HUSBAND OR WIFE <b>SARAH PRINCE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>SARAH PRINCE HUZZAH MO</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 y</b>  <b>4500</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 22, 1948</b> , to <b>11-26, 1950</b> , that I last saw the deceased alive on <b>9-26, 1950</b> , and that death occurred <b>11-26, 1950</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>M. H. M.</b> (Degree or title)				23b. ADDRESS <b>Sarah M.</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11-28-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>DILLARD CEMETARY</b>		24d. LOCATION (City, town, or county) (State) <b>DILLARD MO</b>	
DATE REC'D BY LOCAL REG. <b>12/21/50</b>		REGISTRAR'S SIGNATURE <b>Elsie Harrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. J. JONES + SON</b> ADDRESS <b>STEELEVILLE, MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 26 1950

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Harry M. Jones Embalmed  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Harry M. Jones

Licensed Embalmer No. 2628

P. O. Address Steubenville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.